

AFFIDAVIT FOR ADMISSION CANCELLATION

1. I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_S/D/O\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Resident of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ bearing admission offer by Rahbar College of Dentistry, Lahore, UHS, Candidate I.D \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ admitted in the discipline of BDS in the session of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, want to withdraw my admission on the following reasons.

1.
2.
3.

2. I will not claim any admission in Rahbar College of Dentistry, Lahore, UHS for BDS in future.

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| **Name & Signature of Student** |  | **Name & Signature of Father / Guardian** |
| **CNIC:**  |  | **CNIC:**  |
| **Dated:**  |  | **Dated:**  |

**Witness-1 Witness-2**

|  |  |  |
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| **Name & Signature** |  | **Name & Signature** |
| **CNIC:**  |  | **CNIC:**  |
| **Dated:**  |  | **Dated:** |